

SEVENTEENTH ANNUAL REPORT
CEDAR COUNTY MANAGEMENT PLAN
FOR
MENTAL HEALTH SERVICES
FISCAL YEAR 2013

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CEDAR COUNTY MANAGEMENT PLAN FOR MENTAL HEALTH SERVICES

ANNUAL REPORT FISCAL YEAR 2013

Overview of the Year's Activities:

Consumer Growth

Cedar County experienced a decrease in consumer growth during the reporting period. At the end of the fourth quarter, a total of 130 consumers were approved for services funded by Cedar County. Of the 130 enrolled consumers 5 with a diagnosis of Chronic Mental Illness were new to services and 2 with a diagnosis of mental illness were new to services. The Chronic Mental Illness saw a loss of three people over the course of the year and the Mental Illness saw an increase of 2. Cedar County saw no increase with a diagnosis of Intellectual Disability. Cedar County added 8 new people to services during the FY'12 fiscal year. Cedar Co. saw a loss of 4 people over the course of the fiscal year.

<u>ENROLLED CONSUMERS</u>			<u>ACCRUAL</u>
FY' 13	173	130 7/1/13	\$1,297,776
FY'12	226	150 7/1/12	\$2,641,365
FY'11	218	148 7/1/11	\$2,254,983
FY'10	232	168 7/1/10	\$2,161,313
FY'09	212	173 7/1/09	\$ 2,309,981
FY'08	232	159 7/1/08	\$ 2,350,115
FY'07	234	180 7/1/07	\$ 2,343,358
FY'06	243	188 7/1/06	\$ 2,657,815
FY'05	247	190 7/1/05	\$ 2,404,162
FY'04	270	200 7/1/04	\$ 2,306,745
FY'03	276	213 7/1/03	\$ 2,280,275
FY'02	244	208 7/1/02	\$ 2,223,734
FY'01	252	185 7/1/01	\$ 2,160,680
FY'00	240	188 7/1/00	\$ 1,996,294
FY'99	234	165 7/1/99	\$ 1,879,327
FY'98	256	182 7/1/98	\$ 2,050,230
FY'97	202	179 7/1/97	\$ 1,829,311

The number of enrolled consumers includes those individuals at the CMHC who received services in the previous fiscal year but may not have received services in FY'13. They were exited from the service system on or before June 30th if no services were received. The individuals who are exited from the system are usually individuals who receive services for a short time.

In general the increase or decrease in growth continues to be in the MI and CMI disability groups.
Consumer Growth – Observation

During the reporting period, Cedar County had a smaller increase in the number of consumers who received services for the entire fiscal year. During this reporting period we also noticed that more individuals did not access all or any of their service funding. This was primarily in outpatient mental health services. We also

observed that several individuals received services for a shorter period of time as we saw in FY'12. Prior to this, Cedar County had experienced the trend to stay in services for a longer length of time. Again this is primarily with the MI and CMI population. The cost for services continues to increase. Cedar County has also experienced an increase in the number of hourly SCL units requested in order to assist our consumers who have a CMI diagnosis to live in the community as independently as possible. During the past fiscal year, Cedar County saw several of the people living in the RCF placements transition to transitional living settings which can sometimes cost more than when they were living at the RCF placement. Several hourly SCL funding authorizations are comparable to the costs for an RCF placement.

During the reporting period, Cedar County continued to experience an increase in the need to provide services to dually-diagnosed individuals, such as, MR/MI, DD/MI, CMI/SA. This has been a significant challenge for the service providers to be creative in their service development and service provision. There is also some indication that, as our Intellectually Disabled consumers age, we are seeing an increase in behaviors that were not previously present. Cedar County continues to transition juveniles who move from the State's Group Foster Care system to the Adult Service System. This continues to be a challenge to our provider's. Due to the significant behaviors and mental health concerns, their service needs can not be met in the traditional service setting. The costs of the service for these individual consumers have increased in comparison to the average cost of adults entering the service system just a few years ago. During FY'12, 5 (five) juveniles were on the Mental Health Advocate's case load. We started the year with two (2) on the Mental Health Advocate's case load and saw that number rise to four (4) total during the fiscal year. Cedar County has seen a large increase in the amount of juvenile commitments over the past couple of years.

In October of 2006, the counties assumed the responsibility of administering the State Payment Program formerly administered by DHS. In FY'12 the number of State Cases increased from two consumers to four consumers. Cedar County Case Management has been assigned all of the cases. As we enter FY'13, there are four active state cases for Cedar County. The four consumers continue to be monitored by case management. The State Payment Program implemented a State Wide Waiting List on 11/1/09. Individuals started to be removed on May 1, 2010. Cedar County had two individuals on the State's Waiting List. One individual moved to another Iowa County and is accessing services. The other individual's services began in FY'11. Cedar County added five (5) state cases through the course of the FY'13. The State Payment Program will be changing when legal settlement goes away next fiscal year and the people that live in the county will become a resident of that county. This will be new people accessing county funding for services that were once reimbursed by the state.

Commitments and/or Hospitalizations

Cedar County had eighteen (26) court commitments in FY'13. This is eight more than Cedar County had in the previous fiscal year. Of the 26 individuals, 17 individuals had an MI diagnosis and 9 individuals had a CMI diagnosis. Two (2) of the commitments were children. One was placed in shelter care.

MHI Commitments:

There was no court-ordered placement made in FY'13.

Oakdale Medical Classification Center:

There were no placement made in FY'13

Court Commitments to a Private Hospital (Tama vs. Grundy Court Decision):

Fourteen (14) individuals who were committed to private hospitals required funding by Cedar County and those costs were \$36,940.02. This was an increase from FY'12 by three people. Last year's cost was \$29,555.09.

Voluntary Hospitalization per the County of Residence MH/DD Management Plan:

Cedar County did not have any voluntary hospitalizations in FY'13.

U of I Hospital:

No placements were made that were funded by the mental health fund in FY'13.

Additional Information:

Cedar County continues to experience growth in the number of consumers requesting outpatient mental health services provided by Non-Block Grant providers. There were 39 total people accessing this service last fiscal year and at the end of FY '13, there were 55 people that accessed this service. However we do have to keep in mind that not everyone accesses the services for the duration of the fiscal year and some come and go depending on their need for the services. Over the course of a year, we saw an increase in the amount of people requesting the service and by the end of the fiscal year; Cedar County had an overall increase of one person for the disability group accessing these services.

In Fiscal Year 2013, Cedar County expended \$5,465.13 for psychotropic medications for 4 individuals. There were 6 people approved for this services but only 4 accessed it. When comparing this information to last fiscal year's information, there was an increase in the amount expended for less people. Last year there were 6 people that accessed this service. One person of the two that didn't access the prescription medication service started receiving Medicaid benefits that provided coverage of those medications. In the past, it has also been noted that the decrease in usage of this service is largely due to being determined disabled through Social Security and receiving Medicaid coverage for prescription medication. During the reporting period, Cedar County had six individuals authorized for psychotropic medications per the county of residence County Management Plan, four accessed the service and of the six, two were authorized as part of their court commitment.

Residential Services

Cedar County began FY'13 with two (2) individuals in an RCF/PMI placement which is the same as in FY'12. We did add one person for a brief period of time for a total of (3) for the fiscal year.

During the reporting period Cedar County started the fiscal year with eleven (11) individuals in an RCF setting. When FY'12 ended, there were (12) individuals accessing RCF services. All eleven (11) persons have a diagnosis of Chronic Mental Illness (CMI).

HCBS Waiver – Waiver Slots ended.

During this reporting period, Cedar County no longer tracked this information due to the State of Iowa assuming the Medicaid Service Match (FMAP). The State now oversees the HCBS Waiver Services as well as Glenwood and ICF/MR facilities. The State of Iowa assumed this responsibility July 1, 2012. Cedar County did pay bills for services provided prior to this date in this fiscal year to make sure all of the bills were paid in full for the previous fiscal year.

Appeals

Cedar County did not have an Appeal filed in FY'13.

County Waiting List

In FY'13, Cedar County did not have a Waiting List for services.

County Plan Amendments

On December 6, 2010, a public hearing was held to consider an amendment to the Cedar County Mental health Management Plan which concerns a change in Eligibility Determination process to include Protective Service Situations. There were no written or verbal objections on file. Connie Fett, CPC, read the Protective Service Situations language. If someone is over the income guidelines, the County could fund services for that individual if a qualified mental health professional indicates the person would require a higher level of care. She noted Cedar County has had this situation with a Cedar County resident that resides in another county. This amendment was added to the County Plan to provide safety for individuals in need of services.

Mental Health Advisory Board – Stakeholder Involvement

During the reporting period the Advisory Board had five scheduled meetings. All meetings are posted. The meetings provide an opportunity for input from the community.

There was one Stakeholder Meeting held during the reporting period. Information was provided regarding the FY'13 Budget and financial reports, FY'14 budget outlook, FMAP information since the State of Iowa assumed Medicaid services, Service Concerns, Waiting List and Reduction in Services status for Cedar County, Consumer Growth, and regionalization. We discussed at length what the new Mental Health Redesign will mean for those consumers living in Cedar County and those consumers that are residing outside of Cedar County. We discussed that part of the legislation involved legal settlement changing to residency and how that will affect current stakeholders in Cedar County.

Cedar County had one provider meeting held during the reporting period. Information was provided regarding the FY'13 Budget, service trends, issues concerning provider services, consumer and family challenges for FY'14 and beyond, provider staffing concerns, amendment to the management plan regarding poverty level and receiving services, transition of Community Services and Case Management offices, and a review of the Strategic Plan for Fiscal Years 2010, 2011, 2012 and regionalization. We also discussed at length the change of moving from counties to regions and what that means for Cedar County. We discussed that our relationships that we have established over the years will still be valuable and needed for Cedar County to have services for the people to access.

The Advisory Board members have worked hard to share ideas and plans for the future. Cedar County faces many challenges surrounding budget concerns and moving into a regionalized system. The Advisory Board members are strong advocates for our consumers. The Board members are very open with their opinions and positions on services to persons with disabilities.

Service Providers and CQI

The CPC Administrator conducted one provider meeting. The goals and the budget for the County Management Plan were reviewed. Information was also provided regarding service trends and statistical information. Additional discussion included policy and procedures, provider reports and their timeliness, consumer growth, staffing patterns, and new services. We discussed at length what the new Mental Health Redesign will mean to the counties and the service providers. Cedar County shared with the providers what Cedar County's intent is to join the Eastern Iowa MH/DS Region and which counties that involves.

During the reporting period, the CPC Administrator attended consumer's staffings or meetings. CPC Administrator is responsible to follow the consumers who are accessing RCF services, out-patient mental health services, or those individuals who Cedar County purchases services for. The CPC Administrator receives updates from the Case Managers regarding progress and any concerns that there may be. Discussions include: priority of services or unmet services needs, and progress on goals. Funding or contract issues were directed to the CPC Administrator to communicate directly with the provider.

Provider Quarterly Reports were monitored for timeliness. At times notices were sent to providers that were not providing any form of reports on the progress of the individuals. Most were able to meet the request to submit the reports and did not have their payment delayed until those were caught up. There must be a current progress report on file in order for the CPC Administrator to make a funding decision. The information included in the progress reports should reflect the service provided the current circumstances and other concerns that may require the provider to request a rate increase or an increase in the number of service units.

The provider progress reports are pivotal and necessary in monitoring services for both consumer progress on goals and do the goals on the IPP's actually reflect what the consumer desires. Attending consumer staffings and correlating the progress noted in the reports to comments made during the staffing can also achieve monitoring services.

The following surveys were also completed for FY'13: Consumer and Family Member Survey and a Provider Survey.

RESPONSES TO CONSUMER/GUARDIAN SATISFACTION SURVEY -2013

Surveys sent out 102 and 29 were returned – 28% return

Please note: 7 were unable to be delivered to the most recent address on file and were returned to the office.

1. Do you know whom to contact when you want to changes services?
Yes 15 No 14 Other

Number who responded with the name of whom to contact. 13

1B. Have you had any difficulties or has there been a barrier to getting funding approval for yourself or a family member?

Yes 2 No 24 Other 3

2. Are you happy with where you live? Yes 25 No 3 Other 1

Comments:

Does staff listen to your concerns? Yes 23 No 1 Other 5

Comments:

3. Are you happy with where you work? Yes 16 No 1 Other 12 (N/A)

Comments:

- N/A – unemployed, volunteer, not working, retired, did not answer

Does staff listen to your concerns? Yes 19 No 1 Other 9

Comments:

- N/A
- left blank

4. Do you have unmet service needs that you want funding for?

Yes 3 No 21 Other 5- not answered, unsure

Comments:

- Would like help with college
- Prescription assistance
- Would like more recreation opportunities
- Medications

5. What provider(s) do you work with? 26 responded with provider names

5B. Are you pleased with their services?

Yes 22 No 3 Other 4

Comments:

- I haven't had a chance to experience my new worker

6. Does the staff that works with you involve you in planning your services?

Yes 24 No 2 Other 3-not answered

Comments: None

7. Any other comments?

- I appreciate the help I'm getting to be able to get my medication for bipolar disorder
- No
- I have met Cindy only once for about a ½ hour. I don't know her very well yet. I also don't know other than Cindy who to contact for problems. I am completely and absolutely happy with staff and services at Cedar County in Tipton. I'm sorry I had to change.
- Builder of Hope has assisted and provided support to meet all my goals and responsibilities to live Independently in the community.
- I am happy where I am at.

RESULTS OF THE FAMILY MEMBER/GUARDIAN SURVEY 2013

Sent out 29 and 10 were returned – 34% return

Do you feel that our relative was able to obtain services (such as residential, workshop) easily?

Yes 9 No 1 N/A 0

If No:

- This consumer would like to work every weekday but is limited to 3 days.

In timely manner?

Yes 9 No 0 No Response/N/A 1

If No: none

If Yes: good example, when _____ had to leave Goodwill, Bobbie was invaluable in quickly finding placement for her at REA, about which I can't give enough praise.

Was your relative offered choices in regard to:

Service providers?	Yes <u>8</u>	No <u>1</u>	N/A <u>1</u>
Location of Services?	Yes <u>7</u>	No <u>1</u>	N/A <u>2</u>
Location of Residence?	Yes <u>7</u>	No <u>1</u>	N/A <u>2</u>

Has your relative and/or yourself been involved in the on-going planning process for services they receive?

Yes 10 No 0

Comments:

- Julie Tischuk and Bobbie Conrad keep me involved in the planning.
- everyone on _____'s TEAM always want to hear any input from _____ and me.
- Bobbie has been great in keeping me connected to the services available for his needs.

Do you believe there are adequate opportunities for services and supports:

Therapy?	Yes <u> 7 </u>	No <u> 1 </u>	N/A <u> 2 </u>
Employment Supports?	Yes <u> 9 </u>	No <u> 0 </u>	N/A <u> 1 </u>
Recreation?	Yes <u> 8 </u>	No <u> 1 </u>	N/A <u> 1 </u>
Social?	Yes <u> 8 </u>	No <u> 1 </u>	N/A <u> 1 </u>
Supported Living Options?	Yes <u> 9 </u>	No <u> 0 </u>	N/A <u> 1 </u>
Transportation?	Yes <u> 10 </u>	No <u> 0 </u>	N/A <u> 0 </u>
Convenient?	Yes <u> 9 </u>	No <u> 0 </u>	N/A <u> 1 </u>
Accessible?	Yes <u> 9 </u>	No <u> 0 </u>	N/A <u> 1 </u>

Suggestions:

- this consumer is in need for follow-ups following recent therapies- much-needed.

Has it been your experience that the various services to your relative have been coordinated?

Yes 10 No 0 No Answer: 0

Do you see the need for new or additional services?

Yes 2 No 8

If Yes:

- Follow-up service for her neck issue.

What parts of the service system are you especially pleased with?

- the participation of staff in her card games and her “phase 10” dice game.
- Supported living & job. Nice residence where he lives.
- Being able to contact someone & feel they are being an advocate for the consumer
- We, as parents, are very pleased with all services provider _____. We are very pleased With the house provider – “REM” – and also with the CEO Work Shelter. We are also very Pleased with Cedar County Community Services.
- the Cedar County Case Workers are always very good, and the Systems Coordinator is Wonderful.
- The help and advice I have received for knowing ____’s options and opportunities has been Invaluable to me over the years.
- He is cared for.

Do you have any suggestions on how to improve services?

- No
- We are happy with all services.
- there is a huge need for her to check her appearance before leaving the home. (chin needs to

be shaved, collars need to be out, blouses need to be down in back, etc.) Church is very important to _____, however it is so hard for her to keep her head up. Perhaps it would help if she had a little of her morning medications on a Sunday morning only moved to an “after-church” time.

Other Comments:

- I feel _____ has the best of the best. His case manager goes above and beyond wanting to Please _____. She gives him details he can understand and is extremely patient with his needs.
- _____ is very fortunate to live in Cedar County. He has great support and opportunities from “REM” (great staff) – CEO (great staff) and case management of Cedar County has been a great advocate for _____. We as parents are very pleased with all of the support _____ receives which has given him a great & happy quality of life. ☺ Thank you.
- You do a difficult job very well. Thank you.

RESULTS OF THE PROVIDER SURVEY 2012

Sent out 53 and 19 were returned - 36% return

Do you feel that you understand the Cedar County Management Plan for Mental Health Services and how it affects your agency?

Yes 16

No 3

Other 0

Comments:

- Communication is limited and difficult
- We don't see a lot of Cedar county funding to have any knowledge or opinions on it.
- Writing action steps and finding a balance between provider and county management has been a struggle at time.

Do you know whom to contact when a funding authorization is needed?

Yes 17

No 2

Other 0

Number of responses with the name of whom to contact. 10

Have there been problem areas for your agency on the CPC Process or Application?

Yes 15

No 2

Other 2

Comments:

- a few issues with receiving HAB NOD under new Magellan management in a timely manner—but to be expected (& done now! ☺)
- a request for funding for Day Hab Program for 4 individuals that could benefit to this Program, hesitant to meet this request for some reason. Transportation not the issue.
- Just the switch over with Magellan & Hab services at the same time was confusing.

Have you had difficulty getting funding approved for consumers?

Yes 2 No 16 Other 1

Comments:

- a few issues with receiving HAB NOD under new Magellan management in a timely manner—but to be expected (& done now! ☺)
- need open mind regarding variety of services needed by individuals – one type services doesn't fit all.

Do you feel there are barriers to the funding process?

Yes 3 No 13 Other 3

Comments:

- barrier is not enough money to fund consumers to attend the entire week!

Do you have any suggestions that could make the CPC process work better?

Comments:

- Having NOD's ready @ annual meetings
- Very helpful/supportive of clients
- needing habilitation
- no

Are you aware of any unmet services needs with consumers?

Yes 2 No 15 Other 2

Comments:

- Transportation! – as usual.
- Transportation

Other comments or suggestions:

- Communication is an issue as well as timely plans and NOD's
- Thanks for all you do for our consumers.
- Plans need to be sent to provider in more timely manner
- Always had a good relationship with Cedar Co.

- No issues or concern with Cedar County Case Management
- Sometimes health & hygiene issues are problems with our consumers. The house may send a consumer when they are ill, b/c there isn't staffing at their house during the day.

**CEDAR COUNTY
STRATEGIC PLAN
For FY 2010, 2011, 2012, 2013**

IDENTIFICATION OF GAPS IN THE CURRENT SERVICE SYSTEM

Mental Health – Chronic Mental Illness

- Supported Community Living – which would include – support services with extended supervision available
- Transportation for social activities in and out of the county
- Community Job Placement with supported employment
- Transportation to a community job

Mental Retardation/Developmental Disability

- Supported living arrangement – offering 24 hour supervision
- Transportation for social activities in and out of the county
- Community Job Placement with supported employment
- Transportation to a community job

PLANNING FOR THE SERVICE SYSTEM

The Mental Health Advisory Board will meet, at a minimum, four times per year to review policies and procedures of the County Management Plan. The Advisory Board will also review service needs of the covered disabilities groups. The members of the Advisory Board will seek input from consumers, advocates and providers throughout the year through the use of public forums, provider tours and consumer interviews. The Advisory Board members will host one Consumer/Parent meeting per year. The purpose will be to review the goals of the Management Plan, current services and what additional service needs Cedar County will need to plan for. Members of the Mental Health Advisory Board will also assist in developing the Goals for the County Management Plan, based on input from the stakeholders. The Goals will be reviewed by the Board and submitted to the Board of Supervisors for approval. A public hearing will be scheduled to receive comments. All Plan Amendments are discussed and reviewed with the Board Members with their recommendation submitted to the Board of Supervisors.

Meetings are held in Cedar County in the Cedar County Courthouse. The meeting rooms are barrier free. All meetings times are posted one week in advance with written minutes of the meetings available upon request. Handouts concerning the Goals and Objectives for the County Management Plan, past expenditures, current services available for persons with disabilities, total number of enrolled consumers, consumer growth, and eligibility issues are available upon request. Membership of the Mental Health Advisory Board includes Parent/Advocate representatives, Citizen Representatives and Consumers. Names for potential Board members are submitted to the Cedar County Board of Supervisors for approval. Board membership for the Mental Health Advisory Board are reviewed and approved yearly by the Board of Supervisors.

The Mental Health Advisory Board also serves as the Case Management Advisory Board. The Advisory Board members review policy and procedures and meet with staff at a minimum of once per quarter. Discussion includes updates on the program, and State rules changes, and aggregate data.

GOAL I: Explore options and opportunities available to our aging population as they transition from current services to future needs.

Measurable Objective A: Evaluate the appropriateness of current services provided for our aging population.

Base Line: age 45 years and older

- Identify current consumers who may benefit from additional community services which are not currently being accessed.
- Explore partnership opportunities in the community.
- Identify those adult community programs that may offer an additional service option.

Measurable Objective B: Explore community service options with interested consumers.

- **Case Manager will coordinate tours of established adult services providers with consumers and guardians.**
- **Encourage existing vocational providers to explore the feasibility of including “non-work” adult day programming to their service menu.**

Persons responsible: CPC/Community Services Director, Case Managers

Resources needed: Staff time and funding necessary to purchase or develop methodology tools and training.

Measures of progress: As appropriate, increased participation in the least restrictive program setting utilizing HCBS Waiver Services, and other funding streams.

Current enrolled consumers have dollars allocated for their services.

Progress toward Goal: In FY’13, during the past year, Cedar County has been working toward becoming a region instead of an individual county. Through this process we have spent countless hours reviewing what services are offered in the five counties in the region and what areas that there might be gaps in service. We have identified that we have the same services for the most part and there are very few differences. We have determined as a region that we will continue to work with various providers throughout the region and also throughout other regions. We want to do a fee for service concept and value all of the providers that we currently work with and hope to work with in the future. We want to make sure that the consumer has as many choices as possible for services that they are in need of. The case managers and others that work with the consumer will make sure that they are able to tour provider agencies, meet with the providers to ask questions and visit with them and then make a choice of who best can work with them. We also are in the process of making sure that sheltered work and work activity can continue in the region. We have been working with our local provider, Cedar Employment Opportunities, regarding adding a “non-work” adult day program to their service menu. We have sent out a questionnaire asking the residents of

Cedar County if there would be any interest in starting a Day Habilitation program in Cedar County. There were several that were returned that the majority would like to have a program like that offered in the county. This will be something that the region works on during the next year of developing a new plan with new goals of how we will offer the same services in each county.

Progress toward Goal: In FY'12, we met with service providers as a group and individually to discuss services that will benefit the consumers and their needs. We have been finding during the past fiscal year that the populations we work with through Cedar County have been developing a lot of medical issues that have become large needs for them and how the service provider will care for them in these situations. We have had several TEAM meetings that have discussed individual needs but we are finding that persons 45 years and older are starting to develop early on-set dementia and Alzheimer's disease, are having significant medical issues such as oxygen needs during the night, diabetes, cardiac health and many other areas that may cause a few of our consumers to seek more supervised care because they are not able to understand their diagnosis well and are not equipped to follow the doctors' orders on how to prevent their medical issue from becoming worse. We have been and hope to talk to the providers more about the medical needs of the consumers that we serve so that they can stay in their home as long as they can without having to move and be disrupted from their current lifestyle. They are going to need more nursing care, transportation to and supervision at doctor appointments to make sure that they understand everything said to them, and how to care for their health at home by following recommendations. This may require a new way of approaching how services are delivered. This group of people also enjoys being out in the vocational settings each day because it is a social outlet for them as well as meaningful program that they can earn a pay check. Some of the consumers who face medical issues would like to continue with a day program but they aren't able to work at this point. There is encouragement by the CPC's and Case Managers to talk about adding day programs to the workshop setting with vocational providers and have that as an option for those consumers that would like to be out of their home during the day but can't work like they used to.

Progress toward Goal: In FY'11, we met with service providers as a group and individually to develop services that will benefit the consumers and their needs. We had challenging behaviors that became too much for providers to assist with in the traditional setting during the past year. Case Managers and CPC set up tours and referrals to many providers across the State of Iowa and were not successful in finding a placement. Cedar County chose to contact Glenwood Resource Center and ask them if they have ever considered setting up a home outside the resource center that person's with challenging behaviors can come and access the expertise of their staff in a two to three bed home setting. Glenwood was willing to look at this and see if it would work to have a person stay in the home approximately a 6 month period of time and see if they could work on the behaviors that were keeping the person out of community placements. Cedar County and Glenwood agreed that their staff has a wide variety of expertise and would be a wonderful resource to tap into. After much discussion, it did not work out to pursue this idea and the consumers that were challenging did move to a provider that was willing to work with the behaviors and the other person was admitted to Glenwood for services there. Cedar County would like to continue to "think outside the box" and find ways to help consumer's access services in the community so they can continue to have as much independence as possible. We have continued the discussion with the providers that Cedar County works with to think about developing programs that will assist with person's that are aging and having more issues, challenging behaviors, and other issues that they find themselves dealing with and not being equipped to handle those situations. We have pointed out to the providers that as

the population we serve age, we are all going to see the services not meeting their needs the way they once did.

Progress toward Goal: In FY'10 we met with the services providers as a group and individually to develop an individual consumer service plan. We had the opportunity to work with an existing Adult Senior Day Care Program as an option for day programming. We were pleased with their willingness to look at their program in order to accommodate the service needs of individuals with an Intellectual Disability. Unfortunately, the placement did not work out and we had to pursue another option. The providers as a whole have been open to looking at this service need but feel that there is so much uncertainty with the HCBS Waiver program that they are a little hesitant to expand existing services. At this time we will continue to work with our providers to create programming to match our particular individual's needs. One vocational provider in Iowa City added, HCBS Waiver Day Habilitation Services to their program. This has provided another option for our consumers.

GOAL II: Provide a continuum of care that stabilizes consumers in the communities they reside and provides services for individuals who may have a dual diagnosis or are transitioning into the adult service delivery system.

Current Baseline: 23 court ordered commitments (FY '08) 12 individuals ages 18 to 22 transitioning to the adult service system and 10 individuals currently residing in a 24 hour residential setting.

Measurable Objective A: Consumers receive the least restrictive residential service and programming is available for those individuals who are dually diagnosed.

- A Qualified Mental Health Professional (QMHP) must determine that an individual requires a structured residential service in order to prevent a prolonged placement at the Mental Health Institution (MHI) or a private hospitalization. For all other 24 hour service provision per the eligibility criteria of that program, such as the Home and Community Based Services Waiver.
- Case Manager will identify those individuals who may be dually diagnosed.
- Case Manager will assess the individual's service needs in conjunction with the TEAM to determine which service would be the most appropriate and/or design the service to meet the individual's needs.
- Explore all residential options including a Residential Care Facility (RCF) placement or community supported living services to enable the individual to reside in the community of their choice.
- Encourage current residential and day programming providers to begin the process to expand their program so that it could incorporate behavior management techniques.
- Identify established community providers with expertise in service provision for persons with a dual diagnosis.
- Explore the funding of psychotropic medications, when applicable, to help reduce the need of a more restrictive placement.

Persons responsible: CPC/Community Service Director, Case Management

Resources needed: Staff time and funding available

Measures of progress: Reduced hospitalization and/or placement in a least restrictive setting.

Progress toward Goal: in FY'13, we saw several court commitments where person's had a diagnosis of Mental Illness as well as a diagnosis of substance abuse. In several cases the person was willing to participate in programming and also participate in residential services to help with their needs. We did find that the service provider has a hard time working in these situations because they mostly focus on the mental health issues and then try to work on the substance abuse with the person by making sure they are able to work with that provider as well. They don't have a lot of expertise in this area and the county doesn't fund substance abuse programs. We have found that some needed a higher level of care to make sure that they didn't have a lot of access to their substance abuse issues. They do much better in an RCF setting but it is more restrictive to them and should not be a long term solution to their issues. With the Mental Health Redesign, there may be more opportunities to add additional services into the region that can better assist persons with a dual diagnosis in getting them the help they need to be successful in the community. Some of the services are peer support, mobile crisis, and other programs that we will now have to take a look at funding that could help people to add services that will give them the opportunity to have more services available.

Progress toward Goal: In FY' 12, we continue to see court commitments of person's that are dually diagnosed. We mostly see persons with Mental Illness and substance abuse but on occasion we have seen persons with an Intellectual Disability/ Developmental Disability and Mental Illness. We have found that a person with an Intellectual Disability that is being diagnosed in their late 20's with a Chronic Mental Illness diagnoses can be hard to work with in a 24 hour HCBS-ID Waiver setting. The staff has been trained to work with people with Intellectual Disabilities and is not trained to work with people with a mental illness diagnosis. This is an area that needs to be discussed among the TEAMS to seek additional assistance to help that person stay in their current home but address their new needs of stabilizing their mental health. Cedar County has been accessing transitional living housing for consumers that have been living in a RCF and would like to move out but are not quite ready to move to their own apartment again and tackle being on their own with a limited amount of services in place. By going to transitional living, they have their own apartment or share an apartment with one other person and have staff located in the apartment building to meet with and check in with on a regular basis but you still have more staff contact to assist you with your needs on a daily basis. Providers are recognizing that this is an issue and are starting to gear programming toward persons that are dual diagnosed and are in need of a well rounds treatment program to help them become successful in their lives again.

Progress toward Goal: In FY'11Cedar County continues to see a large number of court commitments and several resulted in placement or mental health services. We continue to see individuals that have a dual diagnosis and it makes it very difficult to assist that person with services. We have recently seen situations where we have a dual diagnosis of Chronic Mental Illness/Mental Illness and substance abuse. This is become very difficult to meet the needs of these consumers because the providers are limited in what they can provide in these areas. Often if they are being treated for substance abuse they may not be seen for their mental health needs which often are contributing to the need to abuse the substance. We continue to meet with providers and work with them on developing behavior plans and assessments that can assist the persons in these situations. We also try to encourage providers to work together as a group to put together what each agency might have to offer and better meet all of the needs. Each year Cedar County encourages providers to expand their programs to include more services that will assist a person with a dual diagnosis whether it is MR/CMI, CMI/Substance abuse. In Cedar County we are very limited with the amount

of providers that can economically travel to a rural county and provide the services that we need. Cedar County continues to work with the providers to assist the people that live within the county to find a way to make it feasible for them to work in the county. This can be very helpful for the consumer to have more choices of who they want to work with and who best meets what they are looking for.

Progress toward Goal: In FY'10 Cedar County continued to experience growth in the number of court commitments; many of which resulted in placements and/or other mental health services. The challenge for Cedar County has been and will be to provide services for individuals who may have a dual diagnosis or are transitioning into the adult service system. These individuals are usually identified early on in the application process. We have met with the service providers to encourage them to develop programming that specifically addresses behaviors. There has been progress in this area. Many of the providers have developed behavior assessment plans with specific action steps. These plans have been very helpful. We have observed a willingness from some of the providers to call the police when behaviors accelerate. This has not always happened in the past. The increased behaviors usually require Cedar County to provide additional funding for supervision in order to keep all involved safe. In the next fiscal year Cedar County would like to explore the possibility of developing RB-SCL Waiver type services for adults. This would require a willingness from the provider to develop a specific Wavier site and a financial investment from the counties. The daily rate may exceed the current \$307 per rate. Our goal continues to be to assist our consumers to reside in the least restrictive setting as possible.

DESIGNATED ACCESS POINTS

Individuals or their representatives residing in Cedar County may apply for services at any of the following designated access points. The individual requesting services will be able to obtain a standard CPC Application, which when completed should be forwarded to the Community Services Department. Cedar County has designated the following agencies and offices as Access Points:

Cedar County Community Services Office hours: 8:00 A.M. to 4:00 P.M.

Julie Tischuk – CPC Administrator

Cedar County Courthouse
400 Cedar Street
Tipton, Iowa 52772
563-886-1726

Access Point Functions: Intake
 Enrollment
 Service Authorization
 Utilization Management
 Waiting List Management

Cedar County Case Management Office Hours: 8:00 A.M. to 4:00 P.M.

Julie Tischuk, Case Management Director

Cedar County Courthouse
400 Cedar Street

Tipton, Iowa 52772
563- 886-1726

Access Point Functions: Intake
 Service Planning
 Utilization Management

CMHC for Mid-Eastern Iowa - Iowa City office for scheduling

Office Hours: Monday – 8:30 A.M. to 9:00 P.M.
 Tuesday through Friday – 8:30 A.M. – 5:30 P.M.
24 Hour Emergency Phone Services for Mental Health Issues: 1-800-332-4224

Stephen Trefz, Director
507 E. College
Iowa City, Iowa 52240
319-338-3813 – during regular office hours

Access Point Functions: Intake
 Enrollment – CMHC only
 Service Planning – CMHC only
 Utilization Management

Individuals/consumers or their family member(s) may still contact service providers for information regarding services. Providers are encouraged to inform the individual and or family member to contact Case Management or the CPC Administrator directly.

FINANCIAL AND OTHER REPORTS

	CASH VS ACCRUAL REPORT					
	FY 13	FY12	FY11	FY10	FY09	FY08
CASH						
CASH EXPENDITURES	\$1,297,776.00	\$2,561,939.76	\$2,194,470	\$2,178,078	\$2,372,605	\$2,321,555
CASH FUND BALANCE	\$494,583.25	\$841,382.56	\$1,012,854	\$706,687	\$ 499,457	\$ 357,764
ACCRUAL						
EXPENDITURES (Auditor)		\$2,353,187	\$2,254,983	\$2,161,313	\$2,309,981	\$2,350,115
FUND BALANCE (Auditor)	\$494,583.25	\$841,382.56	\$716,412	\$512,793	\$ 248,429	\$ 43,365

YEARLY BUDGET	\$897,404.21	\$2, 641,365	\$2,657,214	\$2,619,363	\$2,587,253	\$2,471,284
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CEDAR COUNTY MENTAL HEALTH SERVICES

Non-Block Grant Services

FISCAL YEAR 2013	BUDGET AMOUNT:	\$75,000.00
	EXPENDITURES:	\$83,708.69
Number of Consumers Served: 52		
Total Served (unduplicated) 43		
MI 4042305 # of Consumers 38	Average # of Units used: 6.11	
CMI 4142305 # of Consumer 14	Average # of Units used 8.07	
4 MI consumers were authorized funding but did not utilize the funding.		

Non-Block Grant Services

FISCAL YEAR 2012		BUDGET AMOUNT:	\$57,000
		EXPENDITURES:	\$33,205.83
Number of Consumers Served: 39			
Total Served (unduplicated) 14			
MI	4042305 # of Consumers	22	Average # of Units used: 5.14
CMI	4142305 # of Consumer	16	Average # of Units used 6.19
2 MI consumers were authorized funding but did not utilize the funding.			

Non-Block Grant Services

FISCAL YEAR 2011	BUDGET AMOUNT:	\$29,000
	EXPENDITURES:	\$29,000.04
Number of Consumers Served: 24		
Total Served (unduplicated) 19		
MI 4042305 # of Consumers 20	Average # of Units used: 4.83	
CMI 4142305 # of Consumer 4	Average # of Units used 9.81	
2 MI consumers were authorized funding but did not utilize the funding.		

FISCAL YEAR 2010	BUDGET AMOUNT:	\$15,000
	EXPENDITURES:	\$10,841
Number of Consumers Served: 24		

Total Served (unduplicated) 18

MI 4042305 # of Consumers 13

Average # of Units used: 4.31

CMI 4142305 # of Consumer 11

Average # of Units used 3.45

9 MI consumers were authorized funding but did not utilize the funding.

FISCAL YEAR 2009

BUDGET AMOUNT: \$ 15,000.00

EXPENDITURES: \$ 18,252.00

Number of Consumers Served: 24

Total Served (unduplicated) 11

MI 4042305 # of Consumers

11

Average # of Units used

2.82

CMI 4142305 # of Consumer

13

Average # of Units used

5

FISCAL YEAR 2008

BUDGET AMOUNT: \$ 12,000.00

EXPENDITURES: \$ 26,941.00

Number of Consumers Served: 23

Total Served (unduplicated) 13

FISCAL YEAR 2007

BUDGET AMOUNT \$ 12,000.00

EXPENDITURES \$ 15,504.00

Number of Consumers Served: 20

Total Served (unduplicated): 10

FISCAL YEAR 1998*

BUDGET AMOUNT: \$ 5,000.00

EXPENDITURES: \$ 1,600.00

Number of Consumers Served: 2

Total Served (unduplicated) 1

*this was the start-up year for this service

**CEDAR COUNTY MENTAL HEALTH SERVICES
PRESCRIPTION EXPENDITURES**

FY13:	Budget Amount	\$18,000
	Expenditures	\$5,465.77

Number of Consumers Served: 4

Number of Consumers Approved: 6

FY12:	Budget Amount	\$18,000
	Expenditures	\$3,505.66

Number of Consumers Served: 6

Number of Consumers approved: 6

FY11:	Budget Amount	\$23,000
	Expenditures	\$6280.12

Number of Consumers Served: 6

Number of Consumers approved: 8

FY10:	Budget Amount	\$23,000
	Expenditures	\$ 11,010

Number of Consumers Served: 12

Number of Consumers approved: 13

FY09:	Budget Amount	\$	28,000.00
	Expenditures	\$	43,497.00

Number of Consumers Served	12
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FY08:	Budget Amount	\$	31,923.00
	Expenditures	\$	18,594.00
	Number of Consumers Served		15

FY07:	Budget Amount	\$	12,000.00
	Expenditures	\$	28,226.00
	Number of Consumers Served		14

FY04:	Budget Amount	\$	00.00
	Expenditures	\$	5,280.00
	Number of Consumers Served		5
(This was the start up year for this service)			

2013 PROVIDER LISTING

Provider Name	Provider Address1	City	State	Zip
A Avenue Pharmacy	717 A Ave. NE	Cedar Rapids	IA	52401
A Ray of Hope Counseling, LLC	216 North B Street	Oskalooska	IA	52577
ABBE CENTER FOR COMMUNITY CARE	1860 COUNTY HOME RD	MARION	IA	52302-
ABBE CENTER FOR COMMUNITY MENTAL HEALTH	520 11TH ST NW	CEDAR RAPIDS	IA	52405-
ADVANCEMENT SERVICES OF JONES COUNTY	202 PLASTICS LN	MONTICELLO	IA	52310-
ARC of East Central Iowa	608 2nd St. SE, STE 200	Cedar Rapids	IA	52401
ARC of Southeast Iowa	2620 Muscatine Ave	Iowa City	IA	52240
Associates for Behavioral Healthcare	1510 boyson Road	Hiawatha	IA	52233
AREA PAYEE SERVICES	421 3RD AVE	CEDAR RAPIDS	IA	52404-
BUILDERS OF HOPE	393 E COLLEGE ST	IOWA CITY	IA	52240-
CEDAR CENTRE PSYCHIATRIC GROUP	1730 1ST AVE NE	CEDAR RAPIDS	IA	52401
CEDAR COUNTY CASE MANAGEMENT	400 CEDAR ST	TIPTON	IA	52772
CEDAR COUNTY SHERIFF	713 EAST SOUTH ST	TIPTON	IA	52772
CEDAR EMPLOYMENT OPPORTUNITIES	401 W 9TH ST.	TIPTON	IA	52772-
CEDAR VALLEY COMMUNITY SUPPORT SERVICES	3121 BROCKWAY RD	WATERLOO	IA	50701
CEDAR VALLEY RANCH	2591 61ST ST LANE	VINTON	IA	52349-
CHATHAM OAKS	4515 MELROSE AVE.	IOWA CITY	IA	52240-
CMHC OF MIDEASTERN IA	505 COLLEGE	IOWA CITY	IA	52240-
COMMUNITY CARE INC.	108 INDUSTRIAL ST	DEWITT	IA	52742

COVENANT MEDICAL CENTER	3421 W 9TH ST	WATERLOO	IA	50701
CROSSROADS	1424 HOUSER	MUSCATINE	IA	52761-
DAC INC-JULIEN CARE FACILITY	13066 SEIPPEL RD	DUBUQUE	IA	50002
DHS CASHIER	1305 E WALNUT ST. HOOVER BLDG	DES MOINES	IA	50319-0114
DHS CASE MANAGEMENT UNIT	CASHIER, ROOM 14, 1305 E WALNUT ST.	DES MOINES	IA	50319
DISCOVERY LIVING	PO BOX 10980	CEDAR RAPIDS	IA	52410
DON SHROEDER	1481 HWY 6 PO BOX 376	WEST LIBERTY	IA	52776
EAST CENTRAL IOWA ACUTE CARE	1026 A AVE NE, PO BOX 3026	CEDAR RAPIDS	IA	52402
EYERLYBALL COMMUNITY MENTAL HEALTH SERVICES	1301 CENTER ST.	DES MOINES	IA	50309
FOUNDATION 2	1714 JOHNSON AVE NW	CEDAR RAPIDS	IA	52405-4865
GENESIS HOSPITAL	P O BOX 70	DAVENPORT	IA	52805-
GOODWILL INDUSTRIES OF THE HEARTLAND	1410 SOUTH FIRST AVE.	IOWA CITY	IA	52240-
GOODWILL OF NE IOWA	2640 FALLS AVE	WATERLOO	IA	50701-5790
GRUEB, CLAYTON	710 E. KIMBERLY RD, STE 5	DAVENPORT	IA	52807
HARTIG CORP OFFICE	2005 ASBURY RD	DUBUQUE	IA	52004
HILLCREST ADULT SERVICES	2005 ASBURY RD	DUBUQUE	IA	52004-1160
HILLCREST FAMILY SERVICES	2005 ASBURY RD	DUBUQUE	IA	52004-1160
HILLCREST MHC	200 MERCY DR STE 200	DUBUQUE	IA	52001-
HORIZONS, A FAMILY SERVICE ALLIANCE	819 5TH ST. SE	CEDAR RAPIDS	IA	52406
HOME INSTEAD	3435 ASBURY RD SUITE 100	DUBUQUE	IA	52002
HY-VEE	1720 WATERFRONT DR	IOWA CITY	IA	52240-
ILLINOIS/IOWA CENTER FOR INDEPENDENT LIVING	3708 11TH STREET, PO BOX 6156	ROCK ISLAND	IL	61204-6156
JOHNSON COUNTY CASE MANAGEMENT	JOHNSON COUNTY SOCIAL SERVICES	IOWA CITY	IA	52240
JOHNSON COUNTY MH/DD	855 S DUBUQUE ST., STE 202B	IOWA CITY	IA	52240
JOHNSON COUNTY SEATS	4810 MELROSE AVE	IOWA CITY	IA	52246
JOHNSON COUNTY SHERIFF	511 S CAPITOL ST P O BOX 2540	IOWA CITY	IA	52244
Johnston, Stannard, Klesner, Burbidge & Fitzgerald	1927 Keokuk Street PO BOX 3400	IOWA CITY	IA	52244
JULIEN CARE CENTER	DAC INC. 1710 E MAPLE	MAQUOKETA	IA	52060
KIEFFER-GARRISON, LORI J.	116 E 6TH ST.	DAVENPORT	IA	52803
KNOXVILLE RESIDENTIAL	105 NORTH IOWA	KNOXVILLE	IA	50138-0287
LINDA HOWARD	2202 SOUTH WAY	DUBUQUE	IA	52002-
LINN COUNTY COMMUNITY SERVICES	1240 26TH AVE CT SW	CEDAR RAPIDS	IA	52406-0669
LINN COUNTY MHDD/SCL SERVICES	1240 26TH AVE CT SW	CEDAR RAPIDS	IA	52406
MAHASKA HEALTH PARTNERSHIP	1229 C AVE E	OKSKALOOSKA	IA	52577
MENTAL HEALTH ADVOCATE	600 W 4TH ST	DAVENPORT	IA	52801-1187
MHI - MT PLEASANT	1200 EAST WASHINGTON ST	MT PLEASANT	IA	52641
MERCY FAMILY COUNCELING	PO BOX 2963	CEDAR RAPIDS	IA	52406-2963
MERCY MEDICAL CENTER	PO BOX 1824	CEDAR RAPIDS	IA	52403
OPTIMAE LIFE SERVICES	3500 HARMONY CT	MUSCATINE	IA	52761
OPTIMAE LIFE SERVICES - JOHNSON	1121 SHIRKEN DR	IOWA CITY	IA	52246
OPTIMAE LIFE SERVICES - MAIN OFFICE	301 WEST BURLINGTON	FAIRFIELD	IA	52556
OPTIMAE LIFE SERVICES - MUSCATINE	1860 HOUSER	MUSCATINE	IA	52761
OPTIMAE LIFE SERVICES - WASHINGTON	1415 W 5TH ST., STE C	WASHINGTON	IA	52353

OPTIONS OF LINN COUNTY C/O LINN CO COMM. SERVICES	1240 26TH AVE CT SW	CEDAR RAPIDS	IA	52404
PRAIRIE VIEW	18569 LANE RD	FAYETTE	IA	52142
RADIOLOGY CONSULTANTS OF IOWA, PLC.	1948 FIRST AVE UNUE N.E.	CEDAR RAPIDS	IA	52402
REACH FOR YOUR POTENTIAL	1705 S 1ST AVE	IOWA CITY	IA	52240-
REM DEVELOPMENT SERVICE, INC	1220 INDUSTRIAL AVE STE C	HIAWATHA	IA	52233
REM IOWA - BILLING	2005 WEST BELTLINE HWY STE 20, REM WI FINANCE DEPT.	MADISON	WI	53713
REM-IOWA COMMUNITY BASED SERVICES	2205 HERITAGE BLVD	HIAWATHA	IA	52233-2324
REM-MT VERNON	616 1ST AVE N	MT VERNON	IA	52314
RURAL EMPLOYMENT ALTERNATIVES	P. O. BOX 24	CONROY	IA	52220-
SCOTT COUNTY COMMUNITY SERVICE	600 W 4TH ST	DAVENPORT	IA	52801-
SCOTT PHARMACY	238 S MAIN	FAYETTE	IA	52142
ST LUKE'S	1026 A AVE NE, PO BOX 3026	CEDAR RAPIDS	IA	52406
SUCCESSFUL LIVING ADM OFFICE	2406 TOWNCREST DRIVE	IOWA CITY	IA	52240
SYSTEMS UNLIMITED	2533 S SCOTT BLVD	IOWA CITY	IA	52240-
TAILORED LIVING	18802 NEWPORT RD	ANAMOSA	IA	52205-
TOWNCREST PHARMACY	2306 MUSCATINE AVE	IOWACITY	IA	52240
VERA FRENCH - SCL PROGRAM	1441 W CENTRAL PARK AVE	DAVENPORT	IA	52804-
VERA FRENCH CMHC	1441 WEST CENTRAL PARK	DAVENPORT	IA	52804-
WM NORTON LAW FIRM	504-8 MAIN ST	LOWDEN	IA	52255

CEDAR COUNTY SCOPE OF SERVICE						
SERVICES	MI	CMI	MR	DD	BI	
4x11 - Director Administrative	X	X	X	X		
4x21 - 374 Case Management - Medicaid Match						
4x21 - 375 Case Management - 100% County Funded		X	X	X		
4x21 - 399 Other		X	X	X		
4x22 - Service Management	X	X	X	X		
4x31 - Transportation - (Non-Sheriff)		X	X	X		
4x32 - 320 Homemaker/Home Health Aides		X				
4x32 - 322 Home Management Services			X			
4x32 - 325 Respite			X			
4x32 - 326 Guardian/Conservator						
4x32 - 327 Representative Payee		X	X	X		
4x32 - 328 Home/Vehicle Modification			X			
4x32 - 329 Community Supported Living		X	X	X		
4x32 - 399 Other						
4x33 - 345 Ongoing Rent Subsidy		X				
4x33 - 399 Other		X	X			
4x41 - 305 Outpatient	X	X	X	X		
4x41 - 306 Prescription Medicine		X				
4x41 - 307 In-Home Nursing						
4x42 - 305 Outpatient	X	X	X	X		
4x42 - 309 Partial Hospitalization		X				
4x43 - Evaluation	X	X	X	X		

4x44 - 363 Day Treatment Services		X			
4x44 - 397 Psychiatric Rehabilitation		X			
4x44 - 396 Clubhouse		X			
4x50 - 360 Sheltered Workshop Services		X	X	X	
4x50 - 362 Work Activity Services		X	X	X	
4x50 - 367 Adult Day Care			X		
4x50 - 368 Supported Employment Services		X	X	X	
4x50 - 369 Enclave		X	X	X	
4x50 - 399 Waiver			X		
4x6x - 314 Residential Care Facility		X	X	X	
4x6x - 316 Residential Care Facility for the Mentally Ill (RCF/PMI License) 6 & over Beds		X			
4x6x - 318 Intermediate Care Facility for the Mentally Retarded (ICF/MR License) 6 & over Beds					
4x71 - 319 Inpatient/State Mental Health Institutes	X	X	X	X	
4x71 - 399 Other - Oakdale		X			
4x72 - 319 Inpatient/State Hospital Schools					
4x73 - 319 Inpatient/community Hospital - commitment cost per supreme court decision	X	X	X	X	
4x74 - 300 Diagnostic Evaluations Related to Commitment	X	X	X	X	
4x74 - 353 Sheriff's Transportation	X	X	X	X	
4x74 - 393 Legal Representation for Commitment	X	X	X	X	
4x74 - 395 Mental Health Advocate		X			

Expenditures by COA Code and Disability Type

Account	Code	Mental Illness	Chronic Mental Illness	Mental Retardation	Developmental Disability	Admin	CM	CPS	Total
21374	Case Management – T19 Match/ Medicaid			\$4,781.08					\$4,781.08
21375	Case Management – 100% County			\$120.00					\$120.00
31354	Transportation – General			\$600.00					\$600.00
32320	Support Services – Homemaker/Home Health Aid		\$7,008.22						\$7,008.22
32327	Support Services – Representative Payee		\$2,792.52	\$1,296.52					\$4,089.04
32329	Support Services – Supported Community Living		\$217,775.05	\$25,417.79	\$23,308.27				\$266,501.11
32399	Support Services – Other			\$-31.77					\$-31.77
33345	Basic Needs – Ongoing Rent Subsidy		\$5,103.13						\$5,103.13
41306	Physiological Treatment – Prescription Medicine/Vaccines		\$5,465.77	\$126.47					\$5,592.24
41399	Physiological Treatment – Other	\$26,613.49	\$7,752.09						\$34,365.58
42305	Psychotherapeutic Treatment – Outpatient	\$27,413.72	\$16,337.15						\$43,750.87
50360	Voc/Day – Sheltered Workshop Services		\$5,880.84	\$151,936.21	\$9,985.64				\$167,802.69
50362	Voc/Day – Work Activity Services		\$761.60	\$35,490.86					\$36,252.46
50368	Voc/Day – Supported Employment Services		\$9,410.25	\$1,379.66	\$1,756.04				\$12,545.95
50369	Voc/Day – Enclave		\$583.78						\$583.78
50399	Voc/Day – Other Services			\$1,892.32					\$1,892.32
63314	Comm Based Settings (1-5 Bed) – RCF		\$93,721.68						\$93,721.68
63329	Comm Based Settings (1-5 Bed) – Supported Community Living		\$27,275.62	\$333.51					\$27,609.13
64314	Comm Based Settings (6+ Beds) – RCF		\$115,547.43						\$115,547.43
64316	Comm Based Settings (6+ Beds) – RCF/PMI		\$21,268.02						\$21,268.02
73319	Other Priv./Public Hospitals – Inpatient per diem charges		\$36,940.02						\$36,940.02
74300	Commitment – Diagnostic Evaluations		\$1,871.83						\$1,871.83
74353	Commitment – Sheriff Transportation	\$1,181.22	\$1,339.78	\$452.90					\$2,973.90
74393	Commitment – Legal Representation	\$418.25	\$840.00	\$356.70					\$1,614.95
74395	Commitment – Mental Health Advocates		\$4,900.55						\$4,900.55
Total	County	\$55,626.68	\$582,575.33	\$224,152.25	\$35,049.95				\$897,404.21

Persons Served by Age and Primary Diagnosis

Disability Group	Children		Adult	Unduplicated Total	DG
Mental Illness		0	36	36	40
Mental Illness, Chronic Mental Illness		1	6	7	40,41
Chronic Mental Illness		2	61	63	41
Mental Retardation		1	59	60	42
Other Developmental Disabilities		0	7	7	43
Total		4	169	173	99

Growth/Loss Report

Disability Group	First Quarter	Second Quarter	Third Quarter	Fourth Quarter	Net Change
Mental Illness	20	20	19	22	2
Chronic Mental Illness	53	58	55	50	-3
Mental Retardation	54	38	41	52	-2
Developmental Disabilities	7	6	6	6	-1
Administrative	0	0	0	0	0
Case Management	0	0	0	0	0
County Provided Service	0	0	0	0	0
Brain Injury	0	0	0	0	0
Total	134	122	121	130	-4

Unduplicated Number of Persons Served by COA/Diagnosis

Age	Account	Code	MI	CMI	MR	DD	Admin	CM	CPS	BI	Total
Adult	21374	Case Management - T19 Match/ Medicaid			27						27
Adult	21375	Case Management - 100% County			1						1
Adult	31354	Transportation - General			3						3
Adult	32320	Support Services - Homemaker/Home Health Aid		1							1
Adult	32327	Support Services - Representative Payee		4	2						6
Adult	32329	Support Services - Supported Community Living		25	8	5					38
Adult	32399	Support Services - Other			1						1
Adult	33345	Basic Needs - Ongoing Rent Subsidy		1							1
Adult	41306	Physiological Treatment - Prescription Medicine/Vaccines		4	1						5
Adult	41399	Physiological Treatment - Other	27	6							33
Adult	42305	Psychotherapeutic Treatment - Outpatient	37	18							55
Adult	50360	Voc/Day - Sheltered Workshop Services		4	33	3					40
Adult	50362	Voc/Day - Work Activity Services		1	10						11
Adult	50368	Voc/Day - Supported Employment Services		2	2	2					6
Adult	50369	Voc/Day - Enclave		1							1
Adult	50399	Voc/Day - Other Services			4						4
Adult	63314	Comm Based Settings (1-5 Bed) - RCF		3							3
Adult	63329	Comm Based Settings (1-5 Bed) - Supported Community Living		2	2						4
Adult	64314	Comm Based Settings (6+ Beds) - RCF		8							8
Adult	64316	Comm Based Settings (6+ Beds) - RCF/PMI		3							3
Adult	73319	Other Priv./Public Hospitals - Inpatient per diem charges		13							13
Adult	74300	Commitment - Diagnostic Evaluations		3							3
Adult	74353	Commitment - Sheriff Transportation	4	5	1						10
Adult	74393	Commitment - Legal Representation	3	5	1						9
Adult	74395	Commitment - Mental Health Advocates		27							27
Child	50360	Voc/Day - Sheltered Workshop Services			1						1
Child	74393	Commitment - Legal Representation	1								1
Child	74395	Commitment - Mental Health Advocates		3							3

